

## Uniform Complaint Procedures Form

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Student Name (if applicable) \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Alleged Violation \_\_\_\_\_ School/Office of Alleged Violation \_\_\_\_\_

For allegations of noncompliance, please check the program or activity referred to in your complaint, if applicable.

- |                                                                                                                                            |                                                                     |                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Adult Education                                                                                                   | <input type="checkbox"/> Consolidated Categorical Aid               | <input type="checkbox"/> Child Care & Development   |
| <input type="checkbox"/> Child Nutrition                                                                                                   | <input type="checkbox"/> Regional Occupational Centers and Programs | <input type="checkbox"/> Special Education          |
| <input type="checkbox"/> Pupil Fees for Educational Activities                                                                             | <input type="checkbox"/> Foster/Homeless                            | <input type="checkbox"/> Physical Education Minutes |
| <input type="checkbox"/> After School Education/Safety                                                                                     | <input type="checkbox"/> Agricultural Vocational Education          | <input type="checkbox"/> Economic Impact Aid        |
| <input type="checkbox"/> Tobacco-Use Education                                                                                             | <input type="checkbox"/> Local Control Accountability Plan          | <input type="checkbox"/> State Preschool            |
| <input type="checkbox"/> Bilingual Education                                                                                               | <input type="checkbox"/> Every Student Succeeds Act                 |                                                     |
| <input type="checkbox"/> Migrant Education                                                                                                 | <input type="checkbox"/> School Safety Plans                        |                                                     |
| <input type="checkbox"/> California Peer Assistance and Review Programs for Teachers                                                       |                                                                     |                                                     |
| <input type="checkbox"/> Career/Technical Education, Career Technical and Technical Education, and Career Technical and Technical Training |                                                                     |                                                     |
| <input type="checkbox"/> Courses without Educational Content/Already Satisfied for Graduation/Postsecondary Education                      |                                                                     |                                                     |
| <input type="checkbox"/> American Indian Education Centers & Early Childhood Education Program Assessments                                 |                                                                     |                                                     |

For complaints of discrimination, harassment, intimidation and/or bullying (employee-to-student, student-to-student, and third party to student), please check which of the actual or perceived protected characteristics upon which the alleged conduct was based:

- |                                                                                                                                 |                                                        |                                            |
|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Sex                                                                                                    | <input type="checkbox"/> Sexual Orientation            | <input type="checkbox"/> Gender            |
| <input type="checkbox"/> Gender Identity                                                                                        | <input type="checkbox"/> Gender Expression             | <input type="checkbox"/> Ancestry          |
| <input type="checkbox"/> Ethnic Group Identification                                                                            | <input type="checkbox"/> Race or Ethnicity             | <input type="checkbox"/> Religion          |
| <input type="checkbox"/> Nationality                                                                                            | <input type="checkbox"/> National Origin               | <input type="checkbox"/> Age               |
| <input type="checkbox"/> Color                                                                                                  | <input type="checkbox"/> Mental or Physical Disability | <input type="checkbox"/> Lactating Student |
| <input type="checkbox"/> Association with a person or group with one or more of the actual or perceived categories listed above |                                                        |                                            |

For complaints of bullying that are not based on the above listed protected characteristics, and other complaints not listed on this form, please contact your school Title IX/Bullying Complaint Manager, School Principal or Administrator of Operations at the SCCOE.

